

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

JOYLYN D. GABBARD,

Plaintiff,

v.

MICHAEL J. ASTRUE,
Commissioner of Social Security,

Defendant.

Case No. C07-5124RJB

REPORT AND
RECOMMENDATION

Noted for November 23, 2007

This matter has been referred to Magistrate Judge J. Kelley Arnold pursuant to 28 U.S.C. § 636(b)(1)(B) and Local Magistrates Rule MJR 4(a)(4) and as authorized by Mathews, secretary of H.E.W. v. Weber, 423 U.S. 261 (1976). This matter has been briefed, and after reviewing the record, the undersigned recommends that the Court affirm the administration's final decision.

INTRODUCTION

Plaintiff, Joylyn D. Gabbard, was born in 1964, and he is currently 43 years old. She has a high school education, and she has not worked since December 2003. Plaintiff has past experience working in a restaurant, at a bank, as an office receptionist, as an insurance claims assistant, and answering telephones. Plaintiff claims she is unable to work due to bipolar illness and severe depression.

Plaintiff protectively filed applications for Social Security and Supplemental Security Income disability benefits on April 21, 2004, and June 1, 2004, alleging that she has been disabled under the Social Security Act since December 23, 2003. (Tr. 50-52, 353-56). Her applications were denied initially

1 and on reconsideration. (Tr. 36-39, 42-43). Ms. Gabbard filed a hearing request, and a hearing was held
2 before Administrative Law Judge Edward Nichols (hereinafter, "ALJ") on May 5, 2006. (Tr. 381-424).
3 On July 31, 2006, the ALJ issued a decision in which he found that Ms. Gabbard was not disabled. (Tr.
4 11-25). Ms. Gabbard requested review by the Appeals Council which, on January 16, 2007, denied her
5 request for review, leaving the decision of the ALJ as the final decision of the Commissioner. (Tr. 5-8).

6 On March 15, 2007, Plaintiff submitted the instant Complaint with the court challenging the denial
7 of her applications for benefits, seeking judicial review. Specifically, plaintiff contends: (1) the ALJ
8 failed to give appropriate weight to the opinion of her treating and examining physicians; (2) the ALJ
9 failed to properly consider Plaintiff's testimony regarding her symptoms and limitations; (3) the ALJ
10 erred in finding that claimant's impairments did not meet or equal a Listing; (4) the ALJ improperly
11 determined Plaintiff's residual functional capacity; and (5) the Commissioner failed to meet the burden of
12 showing that Plaintiff can perform any work in the national economy. Defendant counter-argues that the
13 ALJ applied the proper legal standards and that the administrative findings and conclusions were properly
14 supported by substantial evidence.

15 DISCUSSION

16 This Court must uphold the determination that plaintiff is not disabled if the ALJ applied the
17 proper legal standard and there is substantial evidence in the record as a whole to support the decision.
18 Hoffman v. Heckler, 785 F.2d 1423, 1425 (9th Cir. 1986). Substantial evidence is such relevant evidence
19 as a reasonable mind might accept as adequate to support a conclusion. Richardson v. Perales, 402 U.S.
20 389, 401 (1971); Fife v. Heckler, 767 F.2d 1427, 1429 (9th Cir. 1985). It is more than a scintilla but less
21 than a preponderance. Sorenson v. Weinberger, 514 F.2d 1112, 1119 n.10 (9th Cir. 1975); Carr v.
22 Sullivan, 772 F. Supp. 522, 525 (E.D. Wash. 1991). If the evidence admits of more than one rational
23 interpretation, the Court must uphold the Secretary's decision. Allen v. Heckler, 749 F.2d 577, 579 (9th
24 Cir. 1984).

25 This case turns on two threshold issues – the ALJ's assessment of Plaintiff's credibility and the
26 ALJ's review of the medical evidence. These issues are discussed below. Because the undersigned finds
27 no error in the ALJ's assessment of Plaintiff's credibility or his assessment of the medical evidence, the
28 court recommends affirmation of the administrative decision. The additional issues raised by Plaintiff are

1 premised on either of these two alleged errors and as such are not discussed.

2 **A. THE ALJ PROPERLY WEIGHED AND EVALUATED PLAINTIFF'S CREDIBILITY**

3 Bunnell v. Sullivan, 947 F.2d 341 (9th Cir. 1991) (*en banc*), is controlling Ninth Circuit authority
 4 on evaluating plaintiff's subjective complaints. Bunnell requires the ALJ findings to be properly
 5 supported by the record, and "must be sufficiently specific to allow a reviewing court to conclude the
 6 adjudicator rejected the claimant's testimony on permissible grounds and did not 'arbitrarily discredit a
 7 claimant's testimony regarding pain.'" Id. at 345-46 (quoting Elam v. Railroad Retirement Bd., 921 F.2d
 8 1210, 1215 (11th Cir. 1991)). An ALJ may reject a claimant's subjective complaints, if the claimant is
 9 able to perform household chores and other activities that involve many of the same physical tasks as a
 10 particular type of job. Fair v. Bowen, 885 F.2d 597, 603 (9th Cir. 1989) However, as further explained in
 11 Fair v. Bowen, *supra*, and Smolen v. Chater, 80 F.3d 1273, 1288 (9th Cir. 1996), the Social Security Act
 12 does not require that claimants be utterly incapacitated to be eligible for benefits, and many home
 13 activities may not be easily transferrable to a work environment where it might be impossible to rest
 14 periodically. Similarly, the ALJ can reject the testimony of lay witnesses only if he gives reasons
 15 germane to each witness whose testimony s/he rejects. Smolen v. Chater, 80 F.3d 1273, 1288 (9th Cir.
 16 1996) Dodrill v. Shalala, 12 F.3d 915, 919 (9th Cir. 1993).

17 Here, the ALJ oncluded Ms. Gabbard has no exertional limitations and due to low stress tolerance
 18 and difficulty with concentration, he found she is limited to simple repetitive tasks in a low stress
 19 environment with limited public contact. Explaining this finding, the ALJ addressed Plaintiffs testimony
 20 and allegations of more severe limitations. He wrote:

21 In making this determination, I have considered all medical opinions, which are statements
 22 from acceptable medical sources, which reflect judgments about the nature and severity of
 23 the impairments and resulting limitations (20 CFR §§ 404.1527 and 416.927; Social
 24 Security Rulings 96-2p, 96-5p, and 96-6p). This includes reports by the DDS evaluators
 25 and other treating, examining, and non-examining medical sources. I have also considered
 26 the claimant's complaints and allegations regarding her ability to work. This includes all
 27 symptoms, including pain, and the extent to which these symptoms can reasonably be
 28 accepted as consistent with the objective medical evidence and other evidence based on the
 requirements of 20 CFR §§ 404.1529 and 416.929; Social Security Rulings 96-3p, 96-4p,
 and 96-7p. After considering the evidence of record, I find that the claimant's medically
 determinable impairments could reasonably be expected to produce the alleged symptoms,
 but that her statements concerning the intensity, duration and limiting effects of these
 symptoms are not entirely credible. An Administrative Law Judge can reject the claimant's
 testimony about the severity of her symptoms by offering specific, clear, and convincing
 reasons (Smolen v. Chater, 80 F.3d 1273 (9th Cir. 1996)).

1 The overall medical evidence of record does not support the claimant's allegations of
2 debilitating symptoms or limitations (Social Security Rulings 96-3p and 96-4p). Her
3 subjective pain complaints and allegations regarding her capability to perform activities of
4 daily living and work-related activities are out of proportion to any physical findings and
5 without clinical or laboratory findings. Despite her reports of relatively serious problems,
6 treating and examining physicians found no or only mild objective findings and observed
7 no major difficulties with functioning during the examinations. She has not provided
8 convincing details regarding factors which precipitate the allegedly disabling symptoms,
9 claiming that the symptoms are present "constantly" or all of the time.

10 The claimant has not generally received the type of medical treatment one would expect for
11 a totally disabled individual. Her treatment has been essentially routine and/or
12 conservative in nature and the records reveal that this treatment has been generally
13 successful in controlling her objective symptoms. She has been prescribed and has taken
14 appropriate medications for her impairments but the medical records reveal that the
15 medications have been effective in controlling her symptoms (Exhibits 11E, 7F, 9F, 18F,
16 and 19F). The use of medication does not suggest the presence of an impairment which is
17 more limiting than found in this decision. Given the improvement she experienced once
18 she began taking Lithium, she stated "the Lithium has been 'a miracle' for her" and her
19 counseling sessions were accordingly ceased due to improvement (Exhibit 7F, p.2). The
20 treatment records reveal that with the medication management and counseling, she was
21 able to manage her bipolar disorder by learning triggers and developing techniques for
22 dealing with her symptoms (Exhibits 11E, 7F, 9F, 18F, and 19F). She reported that she
23 was feeling emotionally stable, stating that she was "feeling good" and "doing okay." She
24 also reported that she was making progress towards increasing her social network and
25 making positive transitions in her life.

26 The claimant's activities of daily living and social functioning are not limited to the extent
27 one would expect given her complaints of disabling symptoms and limitations. She lives
28 with her parents, which she stated is somewhat stressful for her, but she is able to perform
her own self-care and be relatively productive in her activities of daily living. She watches
television and movies, goes to the library to read, plays with her dog, cooks herself basic
meals, handles her own finances, occasionally goes to church, drives a car, goes shopping,
attends weekly "Pebbles in the Pond" seminars/classes, walks regularly (twice a week)
with friends and neighbors, goes to the YMCA several times a week for fitness program,
and has added Pilates to her exercise schedule as of March 2006 (testimony and Exhibits
3E, 7F, pp. 6-19, 8F, p.1, 16F, pp. 1 and 4, and 19F). She admitted that getting out of the
house was very beneficial for her (Exhibit 7F, p. 13). Also, despite the allegations of
symptoms and limitations preventing all work, the record reflects that the claimant went on
a vacation to Texas since the alleged onset date (Exhibits 7F, pp. 2-6, 16F, p.4, and 18F, p.
10). Although a vacation and a disability are not necessarily mutually exclusive, her
decision to go on a vacation suggests that her alleged symptoms and limitations may have
been overstated. Such activities, while not directly in correlation with work duties, do
indicate a capacity to engage in exertional activities consistent with assessed abilities
(*Rollins v. Massanari*, 261 F.3d 853 (9th Cir. 2001, Ferguson, J. Dissenting; *Morgan v.*
Commissioner, 169 F.3d 595 (9th cir. 1999)). It is apparent that the claimant is engaging in
a normal level of daily activity, social interaction, and activities that require concentration.

29 There are other factors which undermine the claimant's credibility. Despite improvement
30 in her symptoms and activities, she admitted that "getting SSI will help her with having
31 less stress" (Exhibits 19F, p. 49). She also did not follow up on homework/goal-planning
32 to the point that her counselor opined, "client continues to be waiting for disability"
33 (Exhibit 19F, pp. 3 and 6). Given this fact, her financial incentive to over-report or
34 exaggerate her difficulties is high (*Tidwell v. Apfel*, 161 F.3d 599 (9th Cir. 1998)). Another
35 factor influencing the conclusions reached in this decision is the claimant's generally
36 unpersuasive appearance and demeanor while testifying at the hearing. She demonstrated

1 excellent memory yet she could not give a good reason why she could not work,
 2 vacillating between her poor history, unspecified “problems” at work, and her physical
 3 health. However, there is no objective medical evidence of any physical problems other
 4 than transient, general health concerns (Exhibits 2F, 4F, and 16F). While the hearing was
 5 short-lived and cannot be considered a conclusive indicator of her symptoms on a day-to-
 6 day basis, the apparent lack of difficulty during the hearing is given some weight in
 7 reaching the conclusion regarding the credibility of the claimant’s allegations and residual
 8 functional capacity. It is emphasized that my observations at the hearing are only some
 9 among many being relied on in reaching a conclusion regarding the claimant’s credibility.
 10 For all of the reasons stated above, I find the claimant not entirely credible and that the
 11 symptoms she describes are not severe enough to preclude all employment (Social Security
 12 Rulings 96-3p and 96-7p).

13 (Tr. 19-21)

14 After reviewing the ALJ’s decision and the administrative record, it is clear the ALJ has provided
 15 sufficient evidence to discredit the Plaintiff’s allegations of total disability. The record properly supports
 16 the ALJ’s analysis of Plaintiff’s treatment record, her daily activities, the ALJ’s observations, and lack of
 17 medical evidence supporting more significant limitations (discussed more fully below). The court notes
 18 it is the ALJ who is responsible for determining credibility, Meanel v. Apfel, 172 F.3d 1111, 1113 (9th
 19 Cir. 1999), and the ALJ may make first-hand observations during a hearing as a factor in assessing a
 20 claimant’s credibility, Morgan v. Commissioner of SSA, 169 F.3d 595, 599-600 (9th Cir. 1999).
 21 Accordingly, the ALJ did not err when he evaluated and discredited Plaintiff’s testimony and allegations
 22 regarding the severity of her limitations.

23 ***B. THE ALJ PROPERLY ASSESSED THE MEDICAL EVIDENCE***

24 The ALJ is entitled to resolve conflicts in the medical evidence. Sprague v. Bowen, 812 F.2d
 25 1226, 1230 (9th Cir. 1987). He may not, however, substitute his own opinion for that of qualified medical
 26 experts. Walden v. Schweiker, 672 F.2d 835, 839 (11th Cir. 1982). If a treating doctor’s opinion is
 27 contradicted by another doctor, the Commissioner may not reject this opinion without providing “specific
 28 and legitimate reasons” supported by substantial evidence in the record for doing so. Murray v. Heckler,
 722 F.2d 499, 502 (9th Cir. 1983). “The opinion of a nonexamining physician cannot by itself constitute
 substantial evidence that justifies the rejection of the opinion of either an examining physician or a
 treating physician.” Lester v. Chater, 81 F.3d 821, 831 (9th Cir. 1996). In Magallanes v. Bowen, 881
 F.2d 747, 751-55 (9th Cir. 1989), the Ninth Circuit upheld the ALJ’s rejection of a treating physician’s
 opinion because the ALJ relied not only on a nonexamining physician’s testimony, but in addition, the
 ALJ relied on laboratory test results, contrary reports from examining physicians and on testimony from

1 the claimant that conflicted with the treating physician's opinion. "In evaluating the evidence, the
2 reviewing court must look at the record as a whole, weighing both the evidence that supports and detracts
3 from the Secretary's conclusion. *Gonzalez*, 914 F.2d at 1200. The trier of fact and not the reviewing court
4 must resolve conflicts in the evidence, and if the evidence can support either outcome, the court may not
5 substitute its judgment for that of the ALJ. *Richardson*, 402 U.S. at 400, 91 S.Ct. at 1426-27; *Allen*, 749
6 F.2d at 579." *Matney v. Sullivan*, 981 F.2d 1016, 1019 (9th Cir. 1992).

7 Here, the ALJ reviewed the medical evidence of record as a whole and concluded at step-two in
8 the administrative evaluation process that plaintiff had the following severe impairments: bipolar disorder
9 and obesity. (Tr. 18). However, the ALJ further concluded that Plaintiff's impairments did not prevent
10 her from performing work that exists in significant numbers in the national economy (Tr. 24-25).
11 Specifically, the ALJ found Plaintiff's limitations supported by the medical evidence were limited to the
12 following non-exertional limitations: low stress environment with limited public contact (Tr. 19). The
13 ALJ, based on testimony of a vocational expert, concluded Ms. Gabbard is capable of performing work as
14 a cleaner/housekeeper or small products assembler (Tr. 24).

15 Plaintiff argues the ALJ failed to properly assess her limitations. She argues the medical opinions
16 support additional limitations not adopted by the ALJ. Specifically, Plaintiff argues the medical opinions
17 support a limitation reflecting that she would miss at least two days per month due to her limited stress
18 tolerance and that she is "markedly limited in her ability to interact appropriately with the general public
19 and moderately limited in her ability to perform activities within a schedule, maintain regular attendance,
20 and be punctual within customary tolerances, complete a normal workday without interruptions from
21 psychologically based symptoms and to perform at a consistent pace without an unreasonable number and
22 length of rest periods, respond appropriately to changes in the work setting, and set realistic goals or make
23 plans independently of others" (Plaintiff's Opening Brief at 22).

24 Plaintiff boldly argues, "Every treating and examining source opined that Ms. Gabbard has more
25 limitations than found by the ALJ in his decision" (Plaintiff's Opening Brief at 10), and "It was error for
26 the ALJ to fail to fully credit the opinions of Dr. Cavenee, Dr. Banken, Dr. Cosgrove, Dr. Thurman, Ms.
27 Schmoker, Ms. Patzke, and Ms. Potter" (Plaintiff's Opening Brief at 15). After reviewing the ALJ's
28 decision and the administrative record, the undersigned is not persuaded by Plaintiff's contentions.

1 First, the court notes that the ALJ accurately and chronologically summarized all of the relevant
2 medical evidence in his decision (Tr. 15-18). The ALJ, in the context of determining Plaintiff's
3 limitations and in light of his credibility findings, explained the medical evidence as a whole (Tr. 19-23).
4 The ALJ clearly relied on the treatment records of Dr. Cosgrove and the reviewing DDS physicians, Dr.
5 Thomas Clifford and Dr. Anita Peterson (Tr. 253-270). The ALJ stated:

6 The residual functional capacity conclusions reached by the DDS evaluators also supported
7 a finding of "not disabled." Although DDS physicians were non-examining, and therefore
8 their opinions do not as a general matter deserve as much weight as those of examining or
9 treating physicians, those opinions do deserve some weight, particularly in a case like this
10 in which there exist a number of reasons to reach similar conclusions (as explained
11 throughout this decision). The DDS evaluators determined that despite her bipolar
12 disorder, the claimant could understand, remember, and carry out simple repetitive tasks in
13 a low stress work setting with no public contact and supportive supervisors and co-workers
14 and supervisors (Exhibit 12F). Pursuant to Social Security Ruling 96-6p, I will adopt the
15 limitations assessed by the DDS evaluators. The determination is consistent with the
16 longitudinal treatment evidence as a whole and the evaluation by Dr. Cosgrove (Exhibit
17 8F). She assessed a GAF score of 55, which indicates only moderate symptoms or
18 moderate difficulties in social or occupational functioning. She noted that the claimant was
19 clearly having a positive response to her present psychotropic medications and opined that
20 there was an excellent likelihood of returning to full-time work. The only limitation she
21 assessed was that the claimant needed [a] low stress employment, which does not reflect
22 complete and total disability. Dr. Cosgrove's conclusions support the synthesis reached by
23 the DDS evaluators.

24 (Tr. 23).

25 On August 12, 2004, Dr. Cosgrove examined and evaluated Plaintiff's mental health on referral of
26 the Social Security Administration. According to her evaluation report (Tr. 227-232), Dr. Cosgrove
27 reviewed medical records from Valley Medical Center, Dr. Cavenee, and progress notes from January
28 2004. Dr. Cosgrove diagnosed Ms. Gabbard with Bipolar II Disorder, present episode euthymic; and
Posttraumatic stress disorder, bipolar type, chronic, moderate. (Tr. 231). Dr. Cosgrove prognosis was
very positive, stating:

29 The claimant's prognosis is good. The claimant is clearly having a positive response to her
30 present psychotropic medications of lithium and Risperdal. She has been through multiple
31 other medication trials without success.

32 Provided she continues with her psychiatric medication management and psychotherapy
33 which she has every intention of doing and verbalizes this, the likelihood that she could
34 return to full-time work would be considered excellent within the next 12-24 months. I
35 would also recommend a referral to the Department of Vocational Rehabilitation for
36 assistance with finding employment and perhaps retraining. One of the precautions with
37 bipolar II disorder is that the claimant's ability to handle what would be considered
38 "typical" occupational stress is often overwhelming for patients and can produce
depressive and/or hypomanic episodes. The claimant will need to be in a low-stress
employment environment in order to maintain her stability despite her excellent

1 compliance with her treatment.

2 (Tr. 231-232).

3 Dr. Cosgrove's analysis in August 2004, is consistent with the assessments of reviewing
4 physicians, Dr. Peterson and Dr. Clifford, from the same time period and later affirmed in February 2005
5 (Tr. 253-270). They noted that evidence did not support disability based on any Listings, and required a
6 Mental Residual Functional Capacity ("MRFC") assessment (Tr. 265). The MRFC was completed and
7 reviewed on the same dates (September 1, 2004 and February 25, 2005) (Tr. 267-270). Dr. Peterson and
8 Dr. Clifford agreed that Ms. Gabbard was markedly limited in her ability to interact appropriately with the
9 general public and moderately limited in her ability to: (i) carry out detailed instructions, (ii) perform
10 activities within a schedule, maintain regular attendance, and be punctual within customary tolerances,
11 (iii) complete a normal workday and workweek without interruptions from psychologically based
12 symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods,
13 (iv) respond appropriately to changes in the work setting, and (v) set realistic goals or make plans
14 independently of others. Elaborating on these capacity findings Dr. Peterson commented:

15 [Claimant's] prognosis to be quite good in terms of her positive response to present
16 psychotropic meds of lithium and risperdal. He opines that, as long as clmt adheres to her
17 intention to continue the necessary tx for ongoing stabilization, she should have an
18 excellent probability of returning to full-time work. CE DR feels it prudent that even when
19 clmt is ready to RTW, that she enter into low-stress employment. CE Drs opinions, which
20 would appear to be well supported by objective data gleaned from CE interview/MSE, are
inconsistent with the clmt's alleged degree of disability. Moreover some of the clmt's own
statements are internally inconsistent; e.g., although clmt alleges quite severe sx, she
appears rather euthymic to CE Dr; she additionally alleges severe anhedonia, but there is
not any evidence in file to support this assertion. Clmt is therefore not found to be wholly
credible in re allegations of disability.

21 (Tr. 270)

22 The opinions of Dr. Cosgrove, an examining physician, and Dr. Petersen and Dr. Clifford,
23 reviewing physicians, provide substantial evidence to support the ALJ's determination. The ALJ
24 concluded Ms. Gabbard's limitations included a low stress environment with limited public contact. At
25 the administrative hearing the ALJ posed the following hypothetical, fully describing her limitations:

26 Okay. Let's assume we have a younger individual with a high school education, and past
27 work as described. Her biggest problem here seems to be the bipolar disorder, be it one or
28 two, and obesity is mentioned in the file as well. Exertionally I don't think there's any real
limits, realistically none. Nonexertionally, its kind of hard to get a handle on these, but I
think low stress. I don't know how you quantify stress, but on a scale of one to ten,

1 probably no more than a five. And I think public and coworkers might be an issue. I
2 mean, short superficial contact might be okay, but certainly not work with part of a team,
3 that type of stuff. And there might be some concentration issues at times, certainly not all
4 the time, but at times, so straightforward, repetitive work, things you do over and over so
5 it's going to enter your thoughts and continue to do it over and over. So any past work for
6 that?

7 (Tr. 397-398). In response to the hypothetical, the vocational expert explained that Ms. Gabbard would be
8 able to perform works as a house cleaner, which is light, unskilled, generally repetitive work and does not
9 involve any significant contact with the public (Tr. 398-399). The substantial medical evidence relied
10 upon by the ALJ properly supports the hypothetical and the finding that Plaintiff is capable of performing
11 work as a house cleaner.

12 Plaintiff argues the ALJ improperly rejected medical opinions that supported more severe
13 limitations, i.e., Dr. Cavenee, Dr. Banken, Dr. Thurman. The ALJ discounted or discredited the opinions
14 for legitimate reasons. For example, the ALJ did not adopt the opinions because, in part, the ALJ noted
15 that the assessments were made in unexplained "check-the box" forms (Tr. 17, 22). In addition, the ALJ
16 noted that the medical treatment by each of the physicians was very limited and/or very brief (Tr. 22). As
17 noted above, the ALJ is entitled to resolve conflicts in the medical evidence. Here, the ALJ properly
18 weighed the evidence, and determined Plaintiff's limitations, relying on his assessment of Plaintiff's
19 credibility, the two reviewing physicians and an examining physicians opinion.

20 CONCLUSION

21 Based on the foregoing discussion, the Court should affirm the administrative decision. Pursuant
22 to 28 U.S.C. § 636(b)(1) and Rule 72(b) of the Federal Rules of Civil Procedure, the parties shall have ten
23 (10) days from service of this Report to file written objections. *See also* Fed.R.Civ.P. 6. Failure to file
24 objections will result in a waiver of those objections for purposes of appeal. Thomas v. Arn, 474 U.S. 140
25 (1985). Accommodating the time limit imposed by Rule 72(b), the clerk is directed to set the matter for
26 consideration on **November 23, 2007**, as noted in the caption.

27 DATED this 31st day of October, 2007.

28 /s/ J. Kelley Arnold
J. Kelley Arnold
U.S. Magistrate Judge